

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046649

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 165

FILED DEC 26 1962

VS 300
Rev. 4/59

0411
20411

3

4 0

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94500

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1290-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bethany

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION at home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Harrison

c. CITY OR TOWN Bethany

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2202 Main St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last
William Freeman Conger

4. DATE OF DEATH

Month Day Year
December 17, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-3-1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months 9 Days 14

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

craftman

10b. KIND OF BUSINESS OR INDUSTRY

Shipyard

11. BIRTHPLACE (City and state or country)

Athens, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Wilson Conger

13b. MOTHER'S MAIDEN NAME

Josephine Bear

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no no

16. SOCIAL SECURITY NO.

17. INFORMANT

Bessie Finch

Address

Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia lobar

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis general

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-25-1952 to 12-17-1962 and last saw him alive on 11-16-1962

Death occurred at 8:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. B. Brown

(Degree or title)

M. D.

22b. ADDRESS

Bethany, Mo.

22c. DATE SIGNED

12-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-19-62

23c. NAME OF CEMETERY OR CREMATORY

Miriam

23d. LOCATION (City, town, or county)

Bethany, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

M. B. Haas, Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

12-19-1962

26. REGISTRAR'S SIGNATURE

G. Jella Maykey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.